

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 35.1
TITLE: FEMALE GENITAL SYSTEM

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(23)(27)(28)(29)

RELATED AUTHORITY: 32 CFR 199.4(c)(2), (c)(3), (e)(3), and (g)(34)

I. EFFECTIVE DATE

- A. August 26, 1985.
- B. November 1, 1995, for subtotal hysterectomy as alternative treatment for benign diseases.
- C. February 1, 1996, for laparoscopic myomectomy.

II. PROCEDURE CODE(S)

11975-11980, 55970-55980, 56405-58301, 58340, 58345, 58346, 58350, 58400-58673, 58679, 58740-58770, 58800-58825, 58900-58960 and 58999

III. DESCRIPTION

The female genital system includes the female organs of reproduction.

IV. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the female genital system may be considered for cost sharing.

V. POLICY CONSIDERATIONS

- A. The Marshall or Bonney Test examination for stress incontinence is a covered procedure.
- B. Colposcopy (CPT codes 57452, 57454 and 57460) is a covered procedure. Reimbursement for use of the colposcope is included as part of the allowance for an office visit or biopsy (if performed).

C. Surgical insertion, removal and/or replacement of intrauterine devices (CPT codes 58300-58301) or implantable contraceptive capsules (CPT codes 11975-11977) are covered. Measurement for (CPT code 57170) and purchase of the contraceptive diaphragms are also payable (see [Chapter 2, Section 14.7](#), *Family Planning*).

D. Infertility testing and treatment, including correction of the physical cause of infertility may be cost shared. Infertility is a symptom of an underlying physical condition, which diminishes the body's capacity to produce offspring (i.e., hormonal insufficiency, blocked tube, etc.). These services may include diagnostic testing, surgical intervention, hormone therapy, and other procedures performed to correct or monitor progress in overcoming the cause of the infertility to allow normal impregnation to occur.

E. Combination oral contraceptives used in the management of dysfunctional uterine bleeding may be cost shared.

F. Subtotal hysterectomy as an alternative treatment for benign diseases of the uterus in women with no family history and/or current evidence of malignancy may be cost shared.

G. Supracervical hysterectomy or subtotal hysterectomy with or without removal of tube(s), with or without removal of ovary(ies), only as treatment for abdominal ascites and/or when an intraoperative emergency requires premature closure of the abdomen that precludes removal of the cervix (CPT code 58180).

H. Laparoscopic myomectomy may be cost shared for the removal of benign leiomyomas of the uterus.

I. Uterine suspension, parametrial fixation as treatment for uterine prolapse may be cost shared only to retain the uterus for biologic purposes.

VI. LIMITATIONS

Intersex surgery (CPT codes 55970, 55980) is limited to surgery performed to correct sex gender confusion/ambiguous genitalia, which is documented to have been present at birth, effective June 19, 1987, (see [Chapter 2, Section 29.6](#), *Intersex Surgery*).

VII. EXCLUSIONS

- A. Prophylactics (condoms). [38 CFR 17.272 (a)(29)]
- B. Over-the-counter spermicidal products.
- C. Reversal of a voluntary surgical sterilization procedure. [38 CFR 17.272 (a)(27)]
- D. Artificial insemination, including any costs related to donors and semen banks. [38 CFR 17.272 (a)(28)]
- E. In vitro fertilization, gamete intra-fallopian transfer (GIFT) and all other assisted reproductive technology (ART) procedures including all services and supplies related to, or provided in conjunction with, these technologies.
- F. Hysterectomy performed solely for purposes of sterilization in the absence of pathology.
- G. Subtotal hysterectomy performed exclusively to preserve sexual function and/or prevent postoperative complications (urinary incontinence, vaginal prolapse).
- H. Intersex surgery, except when performed to correct sex gender confusion/ambiguous genitalia, which is documented to have been present at birth [38CFR 17.272(a)(23)]
- I. Testosterone pellet implants.
- J. Estuarial pellet implants.

END OF POLICY